PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents

RADEMARK			or <u>Fax</u>	P.O. Box 1450 Alexandria, Vir (703) 746-4000	ginia 22313-1450	
INSTRUCTIONS: This fo appropriate. All further co- indicated unless corrected maintenance fee notification	rm should be used for tran respondence including the l blow or directed otherwise	smitting the ISSU Patent, advance or in Block 1, by (a			uired). Blocks 1 through 4 will be mailed to the curren s; and/or (b) indicating a ser	should be completed where t correspondence address as parate "FEE ADDRESS" for
	E ADDRESS (Note: Legibly mark-n	with any corrections or	ruse Block ()	Note: A certificate of Fee(s) Transmittal. T	f mailing can only be used his certificate cannot be used	for domestic mailings of the for any other accompanying
	590 03/31/2004			have its own certifica	te of mailing or transmission.	tent or formal drawing, must
BANNER & WI' TEN SOUTH WAS SUITE 3000 CHICAGO, IL 606	CKER DRIVE			I hereby certify that to States Postal Service addressed to the Ma	ertificate of Mailing or Tran this Fee(s) Transmittal is bein with sufficient postage for fi ull Stop ISSUF FEE address PTO, on the date indicated be	ng deposited with the United
						(Depositor's name)
						(Signature)
						(Date)
APPLICATION NO.	FILING DATE	1	FIRST NAMED INVE	NTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/005,656	12/04/2001		Anthony C. Mulfi	gan	003248.00040	7662
appin. Type	SMALL ENTITY	issue fi		UBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	-	\$300	\$965	06/30/2004
EXAM	INER	ART UN	it c	LASS-SUBCLASS	1	
FIORILLA, CH	RISTOPHER A	1731		264-241000	_	
Address form PTO/SB/I O "Fee Address" indicati PTO/SB/47; Rev 03-02 of Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless been previously submittee (A) NAME OF ASSIGNI Advanced Please check the appropriate 4a. The following fee(s) are of I issue Fee Publication Fee Advance Order - # of O	on (or "Fee Address" Indicate or more recent) attached. Use RESIDENCE DATA TO BI an assignee is identified belief to the USPTO or is being at the USPTO or is being at the USPTO or category or category or category enclosed:	ion form of a Customer E PRINTED ON T ow, no assignee da ubmitted under sep (B) rch, Inc. ries (will not be prin 4b.	agents OR, alter firm (having as a agent) and the matterneys or agen will be printed. HE PATENT (print that a will appear on the arate cover. Comple () RESIDENCE: (CI) Tunted on the patent); Payment of Fee(s): A check in the am Payment by credit The Director is hepposit Account Nu	e patent. Inclusion of a tion of this form is NO. Y and STATE OR CO. CSOI, Arizor individual common of this feets is end. card. Form PTO-2038 ereby authorized by clumber 19-0733	of a single attorney or 2	oup entity government 3 credit any overpayment, to opp of this form).
NOTE: The Issue Fee and other than the applicant; a interest as shown by the rec This collection of informat obtain or retain a benefit bapplication, Confidentiality estimated to take 12 minute completed application for case. Any comments on suggestions for reducing the Patent and Trademark C 22313-1450. DO NOT SI SEND TO: Commissioner funder the Paperwork Red collection of information un	Publication Fee (if require a registered attorney or ages ords of the United States Pation is required by 37 CFR ty the public which is to fill is governed by 35 U.S.C. 12 as to complete, including gal to the USPTO. Time will the amount of time you re is burden, should be sent office, U.S. Department of SND FEES OR COMPLET or Patents, Alexandria, Virgin the Complete in the Complete of Patents, Alexandria, Virgin the Complete in the Complete of Patents, Alexandria, Virgin the Complete of Patents of Pat	d) will not be accent; or the assignee and and Trademark 1.311. The informace (and by the USF 12 and 37 CFR 1.14 thering, preparing, vary depending use of the Chief Informace on the C	or other party in Coffice. ation is required to TO to process) and This collection is and submitting the upon the individual sethis form and/or ation Officer, U.S. exandria, Virginia THIS ADDRESS.	, ,		AN2 00000051 190733 10005656 665.00 DA 300.00 DA 15.00 DA
PTOL-85 (Rev. 11/03) Appn	oved for use unrough 04/3W2	····	OMB 0651-0033	U.S. Patent and Trad	lemark Office; U.S. DEPART	MENT OF COMMERCE



BANNER & WITCOFF, LTD.

10 SOUTH WACKER DRIVE, SUITE 3000 CHICAGO, ILLINOIS 60606

TEL: 312.463.5000 FAX: 312.463.5001

www.bannerwitcoff.com

FACSIMILE TRANSMITTAL SHEET					
TO:	FROM:				
ISSUE FEE	Rebecca P. Rokos				
COMPANY:	DATE:				
USPTO	June 29, 2004				
FAX NO.:	TOTAL NO. OF PAGES: (including cover sheet)				
(703) 746-4000	5				
YOUR REFERENCE NO.:	OUR REFERENCE (C/M) NO.:				
10/005,656	003248.00040				

RE:

In re: Appln. Of Mulligan Appln. No. 10/005,656 Filed: December 4, 2001

For: Methods and Apparatus for Preparation of Three-Dimensional Bodies

OFFICIAL FAX

If you do not receive all page(s) or have any problems receiving this transmission, please call:

NAME:	PHONE:
Jasmin Santoyo	312-463-5560

COMMENTS:

ISSUE FEE PAYMENT

Important/Confidential: This message is intended only for the use of the individual or entity to whom it is addressed. This message contains information from the law firm of Banner & Witcoff, Ltd. which may be privileged, confidential or exempt from disclosure under applicable law. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution, retention, archiving, or copying of the communication is strictly prohibited. If you have received this communication in error, please notify us immediately at our telephone number listed above. We will be happy to arrange for the return of this message to our offices at no cost to you.

CHICAGO

WASHINGTON, D.C.

BOSTON

PORTLAND, OR

JUN 2 9 2004 6

PTO/SB/97 (05-03)

Approved for use through 04/30/2003. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Certificate of Transmission under 37 CFR 1.8

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office

on <u>June 29, 2004</u>. Date

Signature

Rebecca P. Rokos

Typed or printed name of person signing Certificate

Note: Each paper must have its own certificate of transmission, or this certificate must identify each submitted paper.

Facsimile Cover Sheet, 1 page Transmittal Form, 1 page Fee Transmittal Form, 1 page Part B - Fees Transmittal, 1 page

This collection of information is required by 37 CFR 1.8. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 1.8 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

JUN 2 9 2004 &

PTO/SB/21 (05-03)
Approved for use through 04/30/2003. OMB 0651-0031
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of Information unless it displays a valid OMB control number.

		_						
			Applic	ation Number	10/005,	656		
TRANSMITTAL FORM (to be used for all correspondence after initial filing)			Filing Date		Decemi	December 4, 2001		
			First Named Inventor		Anthony	Anthony C. Mulligan		
			Art Unit		1731	1731		
			Examiner Name		Fiorilla,	Christopher A.		
Total Number of Page	Total Number of Pages in This Submission			ey Docket Number	003248	.00040		
		ENÇL	DSURES	(check all that apply)				
☐ Fee Transmittal Form		Assign	Assignment Papers (for en Application)		After Grou	Allowance Communication to		
Fee Attached	I	☐ Drawing(s)			Appeal Communication to Board of Appeals and Interferences			
Amendment / Res	sponse	Licensing-related Papers			Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)			
After Final	After Final		Petition		Prop	rietary Information		
Affidavits/dec	Affidavits/declaration(s)		Petition to Convert to a Provisional Application		☐ Statu	us Letter		
Extension of Time Request		Power of Attorney, Revocation Change of Correspondence Address			er Enclosure(s) se identify below):			
Express Abandonment Request		☐ Terminal Disclaimer ☐ Request for Refund			Part B- Fees Transmittal Certificate of facsimile ransmission			
Information Disclo	osure Statement	CD, NL	mber of	CD(s)				
Certified Copy of Priority Document(s)		Rema	Remarks The Commissioner is hereby authorized to charge any forcedit any overpayment to Deposit Account No. 19-0733			uthorized to charge any fees or osit Account No. 19-0733.		
	Response to Missing Parts/ Incomplete Application							
Response to Missing Parts under 37 CFR 1.52 or 1.53								
	SIGNA	TURE OF A	APPLICA	ANT, ATTORNEY, C	R AGENT	•		
Firm or Individual name	Rebecca P. Rokos Reg. No.: 42,109							
Signature Allicul Power								
Date	June 29, 2004							
		CEI	RTIFICA	TE OF MAILING				
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.								
Typed or printed name	e Rebecca P. R	okos			•	****		
Signature					Date	June 29, 2004		
This calls ation of informs	Non-is required by 27 C	CD 4 C The lea		a constraint to abtain a case	in a honofit h	v the nublic which is to file (and by the		

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

JUN 2 9 2004

PTO/SB/17 (10-03)
Approved for use through 07/31/2006. OMB 0851-0032
U.S. Pelent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Peperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Complete if Known FEE TRANSMITTAL 10/005,656 Application Number for FY 2004 December 4, 2001 Filing Date Mulligan, Anthony C. First Named Inventor Effective 10/01/2003. Patent fees are subject to annual revision. Examiner Name Florilla, Christopher A Applicant claims small entity status. See 37 CFR 1.27 Art Unit 1731 TOTAL AMOUNT OF PAYMENT (\$) 03248.00040 Attorney Docket No.

Deposit Account Number 19-0733 1051 130	Fee Paid
Check	ee Pald
Deposit Account Account Number Deposit Account Number The Director is authorized to: (check ell that apply) Charge fee(s) indicated below	ee Paid
Deposit Account Number Deposit Number Number Deposit Number Number Deposit Number Number Deposit Number Numbe	ee Paid
Deposit Account Number 19-0733 1051 130 1052 50 2052 25 25 25 25 25 2	
Number Deposit Account Name The Director is authorized to: (check all that apply) I Charge fee(s) indicated below I Credit any overpayments I Charge fee(s) indicated below I Credit any overpayments I Charge fee(s) indicated below I Credit any overpayments I Charge fee(s) indicated below I Credit any overpayments I Charge fee(s) indicated below I Credit any overpayments I Charge fee(s) indicated below I Credit any overpayments I Charge fee(s) indicated below I Credit any overpayments I Charge fee(s) indicated below I Credit any overpayments I Charge fee(s) indicated below I Credit any overpayments I Charge fee(s) indicated below I Credit any overpayments I Charge fee(s) indicated below I Credit any overpayments I Charge fee(s) indicated below I Credit any overpayments I Charge fee(s) indicated below I Credit any overpayments I Charge fee(s) indicated below I Credit any overpayments I Charge fee(s) indicated below I Credit any overpayments I SC Standard I Standar	
Account Name The Director is authorized to: (check all that apply) ☑ Charge fee(s) indicated below ☑ Credit any overpayments ☑ Charge fee(s) indicated below ☑ Credit any overpayments ☑ Charge fee(s) indicated below ☑ Credit any overpayments ☑ Charge fee(s) indicated below ☑ Credit any overpayments ☑ Charge fee(s) indicated below ☑ Credit any overpayments ☑ Charge fee(s) indicated below except for the filling fee ☐ Charge fee(s) indicated below except for the filling fee ☐ Charge fee(s) indicated below, except for the filling fee ☐ Charge fee(s) indicated below except for the filling fee ☐ Charge fee(s) indicated below except for the filling fee ☐ Charge fee(s) indicated below except for the filling fee ☐ Charge fee(s) indicated below except for the filling fee ☐ Charge fee(s) indicated below except for the filling fee ☐ Charge fee(s) indicated below except for the filling fee ☐ Charge fee(s) indicated below except for the filling fee ☐ Charge fee(s) indicated below except for the filling fee ☐ Charge fee(s) indicated below except for the filling fee ☐ Charge fee(s) indicated below except for the filling fee ☐ Charge fee(s) indicated below except for the filling fee ☐ Charge fee(s) indicated below except for the filling fee ☐ Charge fee(s) indicated below except for the filling fee ☐ Charge fee(s) indicated below except for the filling fee ☐ Large filling fee ☐	
The Director is authorized to: (check all that apply) ☐ Charge fee(s) Indicated below ☐ Credit any overpayments ☐ Charge fee(s) Indicated below. ☐ Credit an	
The Director is authorized to: (check all that apply) Charge fee(s) indicated below Credit any overpayments Charge any additional fee(s) during the pendency of this application Charge fee(s) indicated below, except for the filling fee Charge fee(s) indicated below, except for the filling fee Total Claims To	
Charge fee(s) indicated below ☑ Credit any overpayments ☐ Charge fee(s) indicated below, except for the pendency of this application ☐ Charge fee(s) indicated below, except for the filling fee	, 1
Charge fee(s) indicated below, except for the filling fee to the above-identified deposit account. FEE CALCULATION 1. BASIC FILING FEE Large Entity Small Entity Fee	
Total Claims	
1. BASIC FILING FEE Large Entity Small Enti	
Large Entity Small Entity Fee	
Code (\$) Code (\$) Fee Paid 1255 2,010 2255 1,005 Extension for reply within fain month 1251 1,510 1451 1,510 1,510 1451 1,510 1,510 1451 1,510 1,5	
1001 770 2001 385 Utility filing fee 1401 330 2401 165 Notice of Appeal 1402 330 2402 165 Filing a brief in support of an appeal 1403 290 2403 145 Request for oral hearing 1404 1510 1451 1,510 145	
1002 340 2002 170 Design filing fee	
1003 530 2003 255 Plant filing fee 1403 290 2403 145 Request for oral hearing 1004 770 2004 385 Reissue filing fee 1451 1,510 1451 1,	
1004	
1452 110 2452 55 Petition to ravive – unavoidable	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE 1501 1,330 2501 665 Utility issue fee (or reissue)	
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE Styra	
Extra Fee from Fee 1503 640 2503 320 Plant Issue fee 1503 640 130 Petitions to the Commissioner 1604 Claims 1604 Claims 1605 130 1605 130 Petitions to the Commissioner 1607 50 1807	665
Total Claims 0 -20 = 0	
Total Claims 0 -20 -= 0 X	
Driependent I I I I I I I I I I I I I I I I I I I	
Claims 0 -3 ** = 0 X 1806 180 1806 180 Submission of Information Disclosure	
Multiple X = 0 Recording each patent assignment Dependent 8021 40 8021 40 per property (times number of properties)	
Eng. Eng. Eng. Eng. Eng. Eng. Eng. 1809 770 2809 385 Elling a submission after final rejection	— I
Code (\$) Code (\$) Fee Description (37 CFR § 1.129(e))	
1202 18 2202 9 Claims in excess of 20 . 1810 770 2810 385 For each additional inventions to be	
1201 86 2201 43 Independent claims in excess of 3 examined (37 CFR § 1.129(b))	
1203 290 2203 145 Multiple dependent claim, if not paid 1801 770 2801 385 Request for Continued Examination (RCE)	
1204 86 2204 43 Reissue independent claims over original patent 1802 900 1802 900 Request for expedited examination of a design application	
1205 18 2205 9 Reissue claims in excess of 20 and over original patent	
Other fee (specify) Publication Fee	300
5 Advanced Copies	15
"or number previously peid, if greater; For Reissues, see above *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 980	—

SUBMITTED BY		-	Complete (if applicable)		
Name (Print/Type)	Rebecça P. Rokos	Registration No. (Attorney/Agent)	42,109	Telephone	312-463-5000
Signature	there Proces			Date	June 29, 2004

WARNING: Information on this form may become public. Credit card information should not be

warning: Information on this form, Provide credit card information and authorization on PTO-2038.

This collection of Information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a bonefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sayd to the Chief Information Officer, U.S. Paterni and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450.

DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.